



March 7, 2022

Re: Written Testimony in Opposition to Senate Bill 267, An Act Prohibiting Homemaker-Companion Agencies From Advertising Provision of Health and Medical Services and Expanding Penalties for Violations of Conditions for Authorized Operation

Dear Members of the Aging Committee,

I am here to offer written testimony in opposition of Senate Bill 267, An Act Prohibiting Homemaker-Companion Agencies From Advertising Provision of Health and Medical Services and Expanding Penalties for Violations of Conditions for Authorized Operation. Senate Bill 267 prohibits home care agencies from using in their business names or advertising any healthcare-related terms and authorizes the Commissioner of Consumer Protection to issue fines of up to \$1,000 per violation. Under the bill, a home care agency (HCA) that indicates that it specializes in Alzheimer's disease or provides dementia care, memory care, or support would be required to obtain a license from the Department of Public Health. The fines could add up to high costs for online advertising or communications, harming HCAs and putting seniors and persons who are disabled at risk.

I serve as the Chair of the Commission on Aging for the Town of Greenwich, Connecticut, and as Co-Chair of the Town of Greenwich Age and Dementia Friendly Initiative. Additionally, I am an Adjunct Assistant Professor in the Department of Healthcare Policy and Management at the Columbia University School of Public Health and own both a CMS rated 5-star certified home health care agency (hence I own a licensed agency that can provide Dementia care as per the DCP which the Department of Public Health licenses) and a companion and homemaker agency in Greenwich, Connecticut, as well as a licensed home health care services agency in Westchester County, New York. Taking care of older adults throughout the continuum of care is something I am both passionate about and involved in on a daily basis in my professional, academic, and volunteer life.

I am writing this testimony because in my professional judgment, I believe that the position that the DCP has taken with regard to Dementia as a medical diagnosis requiring care from medical home health care personnel is incorrect. Dementia a syndrome caused by an underlying disease that manifests itself in the deterioration of cognitive function as classified by the World Health Organization, <https://www.who.int/news-room/fact-sheets/detail/dementia> leading to behaviors that can be managed by properly trained companions and homemakers to keep the client safe. There are many trained Dementia caregivers who can provide safety and support in the home for people who suffer from memory loss or dementia-related impairment that is not healthcare-related. For example, they communicate, redirect and provide reminders around appliances in the home such as stoves and hot surfaces that would pose a danger to elderly clients. It would be have been more prudent and better for frail older adults needing care at home with Dementia for DCP to establish a training standard for dementia care for caregivers.



Caregivers are trained to provide certain nonmedical tasks precisely to “*ensure* the well-being and safety of a person” in her home, in accordance with Conn. Gen. Stat. sec. 20-670(3). (emphasis added) It is clear the legislature intended that the role of a caregiver providing companion services includes services such as memory support that ensure a safe and healthy environment in the person’s home.

Nonmedical home care agencies are not claiming they diagnose, treat or cure disease, but they should be able to reasonably provide accurate information to consumers that offers to protect them and state that they offer various services that may be related, such as memory support. If home care agencies are not able to provide these services, who will? In general, home health care agencies do not and do not have the staff to do so. This prohibition will have the unintended effect of putting elderly consumers at risk.

Similar legislation considered in prior years has been rejected, as recently as last year in House Bill 6100. HCAOA Connecticut has proposed amendments to the Department of Consumer Protection that HCAs be allowed to include in their business name or advertising any words that accurately describe nonmedical, supportive services that ensure a safe and healthy environment for a person who may have memory challenges in her home.

Following the action by the General Law Committee in 2021, the Department of Consumer Protection adopted advertising guidelines earlier this year that expressly prohibit HCAs from advertising any type of Alzheimer’s or dementia care. Senate Bill 267 raises questions concerning the Department’s statutory authority to adopt the guidelines. Since the Aging Committee is looking to conduct a study on the home care industry and how best to care for older adults in the home, I would suggest that the results of the study first be examined before this legislation is passed to see if there would be a solution that would allow for a training standard which would allow HCAs to have their caregivers provide Dementia care in the home. Please remember Dementia patients are some of the most frequent fliers in hospital emergency rooms and for hospital readmissions, so coming up with a workable solution to take care of this population is of vital importance from a public health perspective for our state.

Sincerely,

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